



NANCY FARMER, MISSOURI STATE TREASURER
MISSOURI FIRST LINKED DEPOSIT
DROUGHT RELIEF DEPOSIT APPLICATION

TO: Missouri Treasurer Nancy Farmer
 (This section to be completed by lender)

Treasurer's
Assigned

Lending institution: _____ Number: _____

Contact name: _____

Street: _____ City: _____

County: _____ State: _____ ZIP: _____

Phone #: (_____) _____ FAX #: (_____) _____

Total equity capital or adjusted net worth: \$ _____

Amount requested for this deposit: \$ _____

Name of water supply system or individual
to receive linked deposit loan: _____

Date funds are requested: _____

(Correspondent bank to be utilized)

(Your account number)

CERTIFICATION:

I agree to make this loan at the reduced interest rate shown on the reverse side of this form in exchange for a deposit of state funds of equal amount at a deposit rate up to three percent (3%) below usual rates applicable to state deposits. I further agree to pay the usual market rate on any portion of the deposit for any period for which there is no corresponding linked deposit loan outstanding.

FOR LENDING INSTITUTION:

(Type or print name of signatory)

(Signature)

Attest:

(Title)

(Cashier or Secretary)

(Date)

(Both sides must be completed before returning to the Missouri Treasurer's Office.)